



# Commonwealth of Kentucky

## SOLICITATION

**TITLE:** Medicaid Enterprise Management System RFP

**DATE ISSUED**

2013-04-04

**SOLICITATION CLOSES**

**Date:** 2013-06-24

**Time:** 15:30:00

**SOLICITATION NO.**

RFP 758 1300000287

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Finance Ofc of Procurement Svc  
Stephanie Williams

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**Please see the Terms and Conditions  
For Information on where to submit  
Your Bid/Proposal.**

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**Name:**  
**Address:**  
**City, State Zip Code:**  
**Phone #:**  
**Email Address:**  
**Contact Name:**  
**Contact Email:**  
**Vendor Customer (VC) #:**

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**Name:**  
**Address:**  
**City, State Zip Code:**  
**Phone #:**  
**Email Address:**  
**Contact Name:**  
**Contact Email:**  
**Vendor Customer (VC) #:**

**FOR INFORMATION CALL:**

Stephanie Williams  
502-564-8621

**ONLINE BIDDING PROHIBITED**

Yes

**OWNERSHIP TYPE:**

☐ Sole Proprietorship ☐ Partnership ☐ Corporation

**SIGNATURE OF AUTHORIZED AGENT IS REQUIRED UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY  
FAILURE TO SIGN SHALL RENDER THE BID INVALID.**

Signature X \_\_\_\_\_ FEIN# \_\_\_\_\_ DATE \_\_\_\_\_

*All offers subject to all terms and conditions contained in this solicitation.*

Line Items

Line Group: Default Commodity Group

Line	CL Description	Due Date	Quantity	Unit Issue	Unit Cost	Line Total Or Contract Amt
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1 Medicaid Enterprise Management  
System (MEMS)

Comm Code	Comm Description	Manufacturer	Model #	Man Part #
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95800 MANAGEMENT SERVICES

Extended Description

Please see RFP and Attachments

B I L  T O	CHFS VARIOUS	S H I P  T O	CHFS VARIOUS
	SEE EXTENDED DESCRIPTION		SEE EXTENDED DESCRIPTION
	SEE EXTENDED DESCRIPTION KY		SEE EXTENDED DESCRIPTION KY
	US		US

Evaluation Criteria			
The following criteria will be used when determining the award of this solicitation			
Code	Criteria Description	Points	Vendor Response (DO NOT LIST PRICES IN THIS SECTION. UNIT PRICES AND TOTAL PRICES MUST BE FILLED IN ADJACENT TO THEIR LINE ITEMS.)

Replacement Proposals Cost Proposal 600

Takeover Proposal Technical Proposal 600

Takeover Proposal Oral Presentations/Demonstrations, if required 250

Combination Proposal Cost Proposal 900

Replacement Proposals Technical Proposal 1400

Takeover Proposal Cost Proposal 400

Combination Proposal Oral Presentations/Demonstrations, if required 685

Combination Proposal Technical Proposal 2000

Replacement Proposals Oral Presentations/Demonstrations, if required 500

<b>1300000287</b>	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Medicaid Enterprise Management System RFP	<b>Page 4</b> <b>of 4</b>
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See “Attachment A” for Terms and Conditions. The terms and conditions set out in “Attachment A”, and any subsequent addenda, are incorporated into and are a part of the Solicitation. By signing the face of the Solicitation document, the vendor affirms that they have read and understood the Solicitation and the terms and conditions (Attachment A) and any subsequent addenda. Should the vendor fail to comply with the provisions of the Solicitation and the terms and conditions (Attachment A) and any subsequent addenda, then the Finance and Administration Cabinet reserves the right and retains the ability to deem the vendor ineligible from further participation in the Solicitation in question.